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CENTRAL FAX CENTER**JAN 22 2007****FAX**Date: January 22, 2007 Time: _____ Client Number: 20336-00016Number of pages including cover sheet: 4

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☐ Original Will Follow ☒ Original Will Not Follow**REMARKS:**☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

First Applicant: <u>Tariq M. Rana.</u>	Application Number: <u>10/722,176</u>
Filing Date: <u>November 24, 2003</u>	Title: <u>DELIVERY OF siRNAs</u>
Examiner: <u>Kimberly Chong</u>	Group Art Unit: <u>1635</u>

Please see attached

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PTO/SB/21 (09-06)

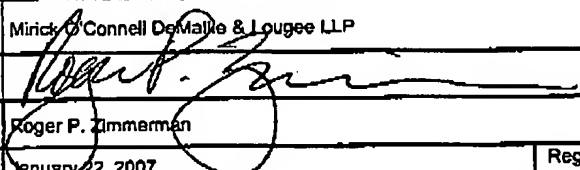
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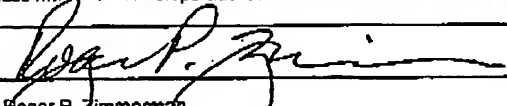
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/722,178	RECEIVED CENTRAL FAX CENTER JAN 22 2007
	Filing Date	11/24/2003	
	First Named Inventor	Tarik M. Rana	
	Art Unit	1835	
	Examiner Name	Kimberly Chang	
Total Number of Pages in This Submission	3	Attorney Docket Number	20338-00016 (formerly UMY-059)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CO. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Mirick O'Connell DeMalle & Lougee LLP		
Signature			
Printed name	Roger P. Zimmerman		
Date	January 22, 2007	Reg. No.	38,670

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Roger P. Zimmerman	Date	January 22, 2007

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**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/722,178
Filing Date	11/24/2003
First Named Inventor	Tariq M. Rana
Art Unit	1635
Examiner Name	Kimberly Chong
Attorney Docket Number	20336-00016 (formerly UMY-059)

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JAN 22 2007

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

28534

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

28534

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

James P. McNamara, Ph.D., Executive Director, OTM

Date

1/19/07

Telephone

(508) 856-1626

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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STATEMENT UNDER 37 CFR 3.73(b)**RECEIVED
CENTRAL FAX CENTER**Applicant/Patent Owner: University of MassachusettsApplication No./Patent No.: 10/722,176Filed/Issue Date: 11/24/2003**JAN 22 2007**Entitled: Delivery of siRNAs

University of Massachusetts a university
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest
 (The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014304, Frame 0811, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

James P. McNamara
 Signature

1/19/07
 Date

James P. McNamara PhD
 Printed or Typed Name

(508) 856-1626
 Telephone Number

Executive Director, OTM
 Title

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